exas Ethics Commission	P.O. Box 12	070 Austin, Tex	as 78711-2070	(512) 46	3-5800	(TDD 1-800-735-2989	31
		EHOLDER E REPORT			Cover	FORM C/OH R SHEET PG 1	~
The C/OH Instruction (Guide explains how	to complete this form.	1 ACCOUNT (Ethics Commi		2 Total pa	iges filed:	=
CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		MI	OF	FICE USE ONLY	-
NAME	MRS	Tamera		J	Date Receive	C L: b	_
	NICKNAME	LAST		SUFFIX		ا المراث الم	
		Bounds				-071.51	
CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;	APT/SUITE#; CI	TY: STATE:	ZIPCODE 76063	Posto Maria de	d acid	
ADDRESS	•		,		Date (la(i)-i)-	privered of Posificarked	
change of address					Receipt #	Amount	-
CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	N			
OFFICEHOLDER PHONE	(817)	627-728	8		Date Process	ed	
CAMPAIGN TREASURER NAME	MS/MRS/MR	Calvin		M E	Date Imaged		
	NICKNAME	Webb II	<u> </u>	SUFFIX			
CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NOP	OBOXPLEASE); APT/SUIT		STATE, Fi 10 , T.	zipcode X 70	0063	_

	TREASURER PHONE	(817)	614-6329		
9	REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15	8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)

PHONE NUMBER

AREA CODE

GO TO PAGE 2

EXTENSION

8 CAMPAIGN

10 PERIOD COVERED

TREASURER

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME		1	5 ACCOUNT# (Ethics Commission Filers)		
Tamera J	Bounds		o Account # (Emics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	CANDIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL SPECIFIC	COMMITTEE ADDRESS			
oddikood poos		COMMITTEE CAMPAIGN TREASURER NAME			
additional pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	1. TOTAL PLEDGE	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	* D		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,260		
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$				
	4. TOTAL	TOTAL POLITICAL EXPENDITURES \$ 1,748.13			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DON'T PERIOD	DAY \$ D		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	* C		
18 AFFIDAVIT					
VICKI COLLINS NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES JANUARY 28, 2016 I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. WICKI COLLINS NOTARY PUBLIC STATE OF TEXAS COMMISSION EXPIRES JANUARY 28, 2016 Signature of Candidate or Officeholder					
AFFIX NOTARY STAM	P / SEAL ABOVE	Tana - 0	1.		
Sworn to and subs	of April		ny hand and seal of office.		
Ulchi Co	llins	Vicki Collins Ci	ty Secretary		
Signature of officer administering oath Printed name of officer administering oath Title of officer administering					

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Tamera	J. Bounds			
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution
3/3/2015	Mary Benty		contribution (\$)	description (if applicable)
	6 Contributor address; City; State; Zip Code		230.00	<u> </u>
	908 Treemont Monsfield	TX 76263		
9 Principal occur	pation / Job title (See Instructions)	140 5		of Texas, complete Schedule T)
3 Finicipal occup	seach / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of	In-kind contribution
3/14/2015	Ellie North		contribution (\$)	description (if applicable)
3/12/2013	Contributor address; City; State; Zip Code		100.00	
	1/1/4/4/201 (400	1 Dave		
	1614 Wall Cree	1011 TV 74 018		
Principal occur	pation / Job title (See Instructions)	Employer (See I		of Texas, complete Schedule T)
· · · · · · · · · · · · · · · · · · ·	Salion, con the (occ manachons)	Employer (See)	nstructions)	
Date	Full name of contributor ut-of-state PAC (ID#:_)	Amount of	In-kind contribution
	Lance Irwin		contribution (\$)	description (if applicable)
3/16/2015	Contributor address; City; State; Zip Code		25, 20	
	1208 Killian Dr. Mansfiel	1, TX 76063	Mê here di di di	<u> </u>
Principal occur	pation / Job title (See Instructions)	Employer (See !		of Texas, complete Schedule T)
- Trivolpul Goody	and the cost management	Employer (See)	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
المالية				
3/16/2015	Contributor address; City; State; Zip Code		25.00	
·	5204 Villa Del Mar Arlington,	TX 76017		
			(If travel outside o	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC(ID#.	1	Amount of	In-kind contribution
	Wallace Saage		contribution (\$)	description (if applicable)
3/16/2015	Contributor address; City; State; Zip Code		100.00	
• •	4919 Brian Haven Dr. Houst	ton,TX 77018		[
,			(If travel outside	l of Texas, complete Schedule T)
Principal occup	pation / Job title (See Instructions)	Employer (See I		

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

P.O. Box 12070

î .	CAL CONTRIBUTIONS THAN PLEDGES OR LOAN	NS		SCHEDULE A
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sch	edule A:
2 FILER NAME Tamera			3 ACCOUNT# (E	ithics Commission Filers)
			7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/16/2013	Troy Martin 6 Contributor address; City; State; Zip Code 1104 Ravena Dr. Mansfield,	TX 76063	j00.08	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)
Date 2 Jul 12 mi 5	Full name of contributor out-of-state PAC(IDIR_ Tim Ruggiero Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/18/2013	10037 Copeland Pl. Pilst Po	vt, TX 76258	50.00	
Principal occuj	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (IDIS:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/2015	Tammy Ray Contributor address; City; State; Zip Code 1902 Devenshire Dr. Arlingt	TX Their	20.00	***
	1702 Devenshire Ur. ATTINGT	w. , , , o - , ,	(If travel outside	of Texas, complete Schedule T)
Principal occu	pation / Job title (See Instructions)	Employer (See		- Indiana Contaction 17
Date	Full name of contributor out-of-state PAC (IDX:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/2015	Contributor address; City: State; Zip Code 2601 Cheyenne Ln. Crowley	,Tx 76036	100.00	! ! !
Principal occu	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC(IDE)		Amount of contribution (\$)	In-kind contribution description (if applicable)
3 17 2015	Susan Frankenfield contributor address; City, State; zip code 7375 Hightower St. Ft. Worth	, TX 76112	100.00	
Principal occup	 pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
		1		
if e	ATTACH ADDITIONAL COPIES (contributor is out-of-state PAC, please see inst			requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A:	
2 FILER NAME			3 ACCOUNT # (E	thics Commission Filers)
Tamera	J. Bounds			
	5 Full name of contributor Out-of-etste PAC (IDI:		7 Amount of	8 In-kind contribution
2/010	Jay Helton 6 Contributor address; City; State; Zip Code	· 	contribution (\$)	description (if applicable)
3/17/2015	6 Contributor address; City; State; Zip Code		100 00	
	11 37 Ridgewood Ter. Arling	ton. Tx	//6 homeon a contract of	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See	· · · · · · · · · · · · · · · · · · ·	of Texas, complete Schedule T)
o i imopul occop	values, and free linear areas)	to Employer (See	menucions)	
Date	Full name of contributor Out-of-state PAC (IDE)	1	Amount of	In-kind contribution
	Tamera Bourds		contribution (\$)	description (if applicable)
	l			
3/17/2015	Contributor address; City; State; Zip Code		40.00	
	inng AA	C 11-17181	, , , , ,	
	1009 Merinether St. Mans	TT N. 1 /6 165	///	
Principal occur	pation / Job title (See Instructions)	Employer (See		of Texas, complete Schedule T)
Date	Full name of contributor out-of-state PAC (IDIt_		Amount of	In-kind contribution
	Masu Bartu		contribution (\$)	description (if applicable)
3/31/2015	Mary Beaty Contributor address; City; State; Zip Code		100.00	'
1/31/2013			100.00	
	908 Treemont Mansfield, T	x 76063	//s to	I <u>. </u>
Principal occu	pation / Job title (See Instructions)	Employer (See	·	of Texas, complete Schedule T)
-	•			
Date	Full name of contributor Out-of-state PAC (IDI):		Amount of	In-kind contribution
	Erik Drzak		contribution (\$)	description (if applicable)
-1	Contributor address; City; State; Zip Code			1
3/31/2015	Controller address, City, Calle, 2:p Code		100.00]]
, ,	906 Treemont Mansfield, TX	76063	1-0.00	 -
	The Meeting is a series of the		(If travel outside	of Tayos complete Schedule Ti
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	- tame, dampiez corrodus 1)
Date	Full name of contributor out-of-state PAC (IDIt_		Amount of	In-kind contribution
	Tamera J. Bounds Contributor address; City; State; Zip Code		contribution (\$)	description (if applicable)
ala lane	Contributor address; City, State; Zip Code		50.0t	1
3/16/0013		1	79.00	İ
	1009 Meriwether St. Manstie	しょ, ナメ クレロレン		
	<u> </u>	· <u>·</u> ·····		of Texas, complete Schedule T)
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)	
		<u> </u>	·····	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

Advertising Expense	EXPENDITURE CATEGORII Gift/Awards/Memorials Expense Salaries/Wage	• •	oan Repayment/Reimbursement
Accounting/Banking			ransportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense Travel In Distri	ct C	contributions/Donations Made By
Event Expense	Polling Expense Travel Out Of	District	Candidate/Officeholder/Political Committee
Fees			OTHER (enter a category not listed above)
	The Instruction Guide explains how	to complete this form	
1 Total pages Schedule F:	Tamera J. Bounds		3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name		
3/10/2015	Fast Signs 7 Payee address; City; State; Zip Code		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
28.46	1140 West Burden Rd. Arlington,	TX 76017	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	_	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Printing Exposse	Plastic yo	~) 5:7ns
	The state of the s	· — '	stin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3/12/2015	Lone's		
Amount (\$)	Payee address; City; State; Zip Code	1.0	Person
14.55	1901 US HWY 287 Man, fi	eld, TX 76	, 0 6 3
PURPOSE	Category (See categories listed at the top of this schedule)	Description (II	travel outside of Texas, complete Schedule T)
OF EXPENDITURE	Advertising Expense		tor yord signs
to shiphed million to the state of the ship of the same and the state of the same and the state of the same and	<u> </u>	1	stin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date ,	Payee name		
3)19/2015			
Amount (\$)	Staple5 Payee address; City; State; Zip Code		
Amount (4)			
152.82	1781 US HWY 287 Manstrel	1, TX 7606	,3
PURPOSE	Category (See categories listed at the top of this schedule)		t travel outside of Texas, complete Schedule T)
OF	Alaskin France	Broc	hures
EXPENDITURE	Advertising Expense	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3/23/2015	Lowe's		
Amount (\$)	Payee address; City; State; Zip Code		
45.52	1901 US HWY 287 Monst	ield TX 7	6-63
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If trevel outside of Texas, complete Schedule T)
OF	Advertisin Eppense	·	to Signs
EXPENDITURE	<u> </u>	Check if Au	istin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name OH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS N	IEEDED

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

		•		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Food/Beverage Expense Travel In District Polling Expense Travel Out Of (/Contract Labor draising Expense at District d/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule F:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
3	Tamera J. Bounds			
4 Date	5 Payee name			
3 30 2015	Staples 7 Payee address; City; State; Zip Code			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
92.00	1781 US HWY 287 Menstra	W, TX 76	b3	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	1 ' '	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Advertising Expense	- Postc	ards	
	<u> </u>		ustin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sough	nt Office held	
Date	Payee name			
4/1/2015	Lowe's			
Amount (\$)	Payee address; City; State; Zip Code			
26.93	1901 US HWY 287 Mans	field, TX	76063	
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Al. L. T.	Stake	o for sighs	
	Advertising Expanse	Check if A	Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Ófficeholder name DH	Office sough	nt Office held	
Date	Payee name			
4/1/2015	Staples			
Amount (\$)	Payee address; City; State; Zip Code			
62.73	1781 US HWY 287 M	instiel T	× 76063	
	Category (See categories listed at the top of this schedule)		(If travel outside of Texas, complete Schedule T)	
PURPOSE OF	Category (See Categories as at all the top of this scripture)	Lal		
EXPENDITURE	Printing Expense		Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sough	ht Office held	
Date	Payee name			
4/1/2015	1 .7			
Amount (\$)	Staples Payee address; City; State; Zip Code			
73.57	1781 US HWY 287 M	anstield, T	X 76063	
	Category (See categories listed at the top of this schedule)		1 (If travel outside of Texas, complete Schedule T)	
PURPOSE OF	1	· · ·	Vame Badge, Prints	
EXPENDITURE	Advertising Expanse		Austin, TX, officiaholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office soug	ht Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES

P.O. Box 12070

SCHEDULE F

			•	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Food/Beverage Expense Polling Expense	Salaries/Wages/Co Solicitation/Fundrei Travel In District Travel Out Of Distr Office Overhead/Ro	ntract Labor sing Expense rict ental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) rm.
1 Total pages Schedule F:	Tamera J. Bourds			3 ACCOUNT # (Ethics Commission Filers)
4 Date 4 1 2015	5 Payee name Fast 5; 9n5 7 Payee address; City; State	te; Zip Code		
74.22	1140 W.Bardin Rd. (a) Category (See categories listed at the top-	•	TX 76	017
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of Advurtising Expense		Ban	(If travel outside of Texas, complete Schedule T) INCI Lustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name		Office sough	
Date 4	Payee name USPS Payee address; City; Sta	te; Zip Code		
272.00	400 South Main Str	reet Mass	feld, TX	76063
PURPOSE OF	Category (See categories listed at the top	•	and the second s	(If travel outside of Texas, complete Schedule T)
Complete ONLY if direct	Advertising Expense		CheckifA Office sough	ustin, TX, officeholder living expense
expenditure to benefit C/C	T			
3/16/2015	We Pay , Inc. Payee address; City; Star			
Amount (\$)				
42.25	380 Portage Ave. Category (See categories listed at the top	Palo A	1to, CA	- 94306
PURPOSE OF EXPENDITURE	Category (See categories listed at the top	of this schedule)	Contribution	(If travel outside of Texas, complete Schedule T) Processor of tess (ext. wit) Austin, TX, officeholder fiving expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name DH		Office sough	nt Office held
Date 3/17/2015 Amount (\$)	Payee name Welay Inc. Payee address; City; Sta	ite; Zip Code		
10.08	380 Portage Ave	• • • • • • • • • • • • • • • • • • • •	to , CA	94306
PURPOSE OF EXPENDITURE	Category (See categories listed at the top		Description Contributi	n (If travel outside of Texas, complete Schedule T) In procussing fley (online) Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH		Office sough	ht Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

	EXPENDITURES OM PERSONAL FUNDS	1) Need does for	.е G
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/Co Legal Services Solicitation/Fundrai Food/Beverage Expense Travel In District Polling Expense Travel Out Of District Printing Expense Office Overhead/Ro	intract Labo ising Expens Check the box rict ental Exper	Expense ommittee (bove)
1 Total pages Schedule G:	Tamera J. Bornis 5 Payee name	- reimbrasement	sion Filers)
3/9/15	FastSigns	is releaded.	
6 Amount (\$) 3 c 7. 4 5 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1140 West Bordin Rd Arlingt	on, TX Son stands?	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Printing Expense	(b) Description (If travel outside of Texas, complete Schedu	le T}
Date 3/9/15	Signs on the Cheap		
Amount (\$) 3 c 4 . 0 b Reimbursement from political contributions intended	Payee address; City; State; Zip Code	TA, TX 78758	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expires	Description (If trevel outside of Texas, complete Schedu Yard 5.3 - S Check If Austin, TX, officeholder living expense	le T)
Date 3/8/15	Payee name Stuples		inh
Amount (\$) 194.84 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1781 US HWY 287 Mans fred.	J, 1x 76063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedu Brochurts Check if Austin, TX, officeholder living expense	leT)
Date 4/4/15	Payee name Lowe's		
Amount (\$) 27.59 Reimbursement from political contributions intended	Payee address; City; State; Zip Code	ell, TX 76063	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advartsing Expense	Description (If travel outside of Texas, complete Schedul Sign Stakes Check if Austin, TX, officeholder living expense	e T)
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Legal Services Solicitation/Ful Food/Beverage Expense Travel In Distr Polling Expense Travel Out Of	s/Contract Labor ndraising Expense lict District ad/Rental Expense	Loan Repayment/Reimbursement Trensportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME		3 ACCOUNT # (Ethics Commission Filers)	
1 2	Tamera J. Bounds		(
4 Date	5 Payee name			
4/3/15	Lowe's			
6 Amount (\$) / 28. II	7 Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	1901 US HWY 287 Mans	ifield, Tx	76063	
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Descriptio	n (If travel outside of Texas, complete Schedule T)	
OF EXPENDITURE	Alactic France	Sign	n stakes	
	Advertising Expense	1	Austin, TX, officeholder living expense	
Date 2/	Payee name			
124/15	Eagle Postal Center			
Amount (\$) 41.00 Reimbursement from political contributions intended	900 North W. Lout Creek	Dr. Mars	field, Tx 76063	
PURPOSE	Category (See categories listed at the top of this schedule)	Descriptio	n (If travel outside of Texas, complete Schedule Ty	
OF EXPENDITURE	^ , , -	Slan	1004701 18 19/15	
	Advertising Expense	Check	Austin, TX, officeholder living expense Mar 201	
Date	Раусе пагле		340	
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description	n (if travel outside of Texas, complete Schedule T)	
EXPENDITURE		Checki	fAustin, TX, officeholder living expense	
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended	•			
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this achedule)	Description	71 (If travel outside of Texas, complete Schedule T)	
		Check if	Austin, TX, officeholder living expense	
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS	NEEDED	